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CONFIRMATION NO. 6743

| SERIAL NUMBER | FILING or 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. | | |
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| 10/786,907 | 02/25/2004 RULE | 424 | 1643 | 2600-000003 | | |
| APPLICANTS Bjarne Bogen, Snaroya, NORWAY; Agnete Fredriksen Brunsvik; Raelingen, NORWAY; Inger Sandlie, Oslo, NORWAY; Please change second inventor name to: Agnete Brunsvik Fredriksen | | | | | | |
| ** CONTINUING DATA ***** This appln claims benefit of 60/450,134 02/25/2003 LAB 4/8/08 | | | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | | | |
| ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ** 05/17/2004 | | | | | | |
| Foreign Priority claimed 35 USC 119(a-d) conditions met | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY NORWAY | SHEETS DRAWINGS 25 | TOTAL CLAIMS 82 | INDEPENDENT CLAIMS 2 |
| Verified and /LYNN ANNE BRISTOL/ Acknowledged Examiner's Signature Initials | | | | | | |
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| TITLE Modified antibody | | | | | | |
| FILING FEE RECEIVED 1613 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |